with the full list of names. Do not include addresses here.)

UNITED STATES DISTRICT COURT

for the

Western District of New York

WESTERN DISTRICT OF NY	Case No.
Sam Looker	(to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	
-V-	JURY TRIAL: Yes No
G. Wicks	
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page	

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

(Re	v. 01/21) Complain	t for Violation	of Civil R	ights (Prisoner)

I. The Parties to This Complaint

A. The Plaintiff(s)

В.

needed.	for each plaintiff named in the c	,	r
Name			
All other names by which			
you have been known:			
ID Number			
Current Institution			
Address			
	City	State	Zip Code
The Defendant(s)			
individual capacity or official ca	apacity, or both. Attach addition	ial pages if needed	
Defendant No. 1 Name	G. Wicks		
	G. WICKS Correctional Office	r (Driu Instr	uctor)
Name	Correctional Office		
Name Job or Title (if known) Shield Number Employer	Correctional Office Delasatment of L	Communtity Co	rrectional Service
Name Job or Title (if known) Shield Number	Correctional Office Delaratment of L Lakeview Correct	Communtity Co tional Facility	orrectionas Service. V
Name Job or Title (if known) Shield Number Employer	Correctional Office Defaratment of L Lakeview Correct Brocton	Communtity Co tional Facility New York	orrectional Service N 14716-0679
Name Job or Title (if known) Shield Number Employer	Correctional Office Delaratment of L Lakeview Correct	Communtity Co tional Facility	errectional Service. 14716-0679 Zip Code
Name Job or Title (if known) Shield Number Employer Address	Correctional Office Delaratment of L Lakeview Correct Brocton City	Communtity Co tional Facility New York State	errectional Service. 14716-0679 Zip Code
Name Job or Title (if known) Shield Number Employer Address	Correctional Office Delaratment of L Lakeview Correct Brocton City	Communtity Co tional Facility New York State	errectional Service. 14716-0679 Zip Code
Name Job or Title (if known) Shield Number Employer Address	Correctional Office Delaratment of L Lakeview Correct Brocton City	Communtity Co tional Facility New York State	errectional Service. 14716-0679 Zip Code
Name Job or Title (if known) Shield Number Employer Address Defendant No. 2 Name	Correctional Office Delaratment of L Lakeview Correct Brocton City	Communtity Co tional Facility New York State	errectional Gervice. N 14716-0679 Zip Code
Name Job or Title (if known) Shield Number Employer Address Defendant No. 2 Name Job or Title (if known)	Correctional Office Delaratment of L Lakeview Correct Brocton City	Communtity Co tional Facility New York State	errectional Service. 14716-0679 Zip Code
Name Job or Title (if known) Shield Number Employer Address Defendant No. 2 Name Job or Title (if known) Shield Number	Correctional Office Delaratment of L Lakeview Correct Brocton City	Communtity Co tional Facility New York State	errectional Service. 14716-0679 Zip Code

. 01	/21) Comp	laint for Violation of Civil Rights (Prisoner)			
		Defendant No. 3 Name Job or Title (if known) Shield Number Employer Address	City Individual capacity	State Official capacity	Zip Code
		Defendant No. 4	individual capacity	Official capacity	
		Name			
		Job or Title (if known)			
		Shield Number Employer			
		Address			
			City	State	Zip Code
			Individual capacity	Official capacity	
	Basis	for Jurisdiction			
	immu Feder	42 U.S.C. § 1983, you may sue stanities secured by the Constitution a all Bureau of Narcotics, 403 U.S. 38 tutional rights.	nd [federal laws]." Under <i>Bive</i>	ns v. Six Unknown Nan	ned Agents of
	A.	Are you bringing suit against (che	eck all that apply):		
		Federal officials (a Bivens c	laim)		
		State or local officials (a § 1	·		
		State of local officials (a § 1	983 Claim)		
	В.	Section 1983 allows claims alleg the Constitution and [federal law federal constitutional or statutory	s]." 42 U.S.C. § 1983. If you a	re suing under section 1	1983, what
		Eight Amendment as	nd Fourteenth Amen	Iment.	
	C.		only recover for the violation		al miabta If you

are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

, (Rev. 01	: ./21) Complai	int for Violation of Civil Rights (Prisoner)
	head. tried Sh Etusing	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed. Was assuited by Correctional Officer ets 6-18-19 in Front of 40 immates by him. Choking me and hitting me in making the second fine and Was given a False ticket by G. Wicks on 9-11-19 for to P.T and Removed from Shock a Jain. This discouraged me to the a third tiremaily.
III.	Prison	er Status
	Indicate	e whether you are a prisoner or other confined person as follows (check all that apply):
		Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
	\square	Convicted and sentenced federal prisoner
		Other (explain)
IV.	Stateme	ent of Claim
	alleged v further d any case	briefly as possible the facts of your case. Describe how each defendant was personally involved in the wrongful action, along with the dates and locations of all relevant events. You may wish to include letails such as the names of other persons involved in the events giving rise to your claims. Do not cite is or statutes. If more than one claim is asserted, number each claim and write a short and plain at of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Incident arose in F-1 Dorm ON 6-18-19 OF the assult and False incident Relort that also resulted in the going to Solitary Confinement. Accord incident Rec. Yard in Zero week "Knuckle Head Drill". G. wicks Scenter and told me go by the Pole and Stand. I Was Kicked Out For Refusing to P.T Which Was False. Incident date 9-11-19.

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C.	What date and a	pproximate ti	me did t	he events	giving	rise to	your c	laim(s)	occur?
----	-----------------	---------------	----------	-----------	--------	---------	--------	---------	--------

6-18-19 affrox. 7.00 am and 9-11-19 10:30 am

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Was	assuited	in Fi	Font a	oF_	Other	inmates	in_	MY	Platoon	about	40 to
50 innl											-

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Reported assuit while in Continement. They took Pictures. Interies, head

Was Soar in area from being hit. No Medical Treatment Needed.

lost of a 6 month Program, longer infrisionment from a Program In Entitled to on my Charle of Conviction.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

damage. Was Scared to try to do Shock a third time because of G. wicks lower to assult Someone, have them Removed From the Irogram and get away with it.

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VII. **Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

Α.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes Yes
	☐ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	LAKEVIEW Correctional Facility.
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	☐ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	□ No _
	Do not know
	If yes, which claim(s)? ON the assuit Put in Stievance With The Office of Skeias Investigations, Intake Unit, Harriman State Office Cambus, Albany, NY 1226-2050 That's For Assuits!
	They State With me at Lakeview Corr. Facility. But Nothing Further haftened.

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1101.	01141	/ Complaint for	, ioiation	OI CIVII	I/IEIIIO	1 1 1 1 3 0 1 1 5 1

D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes The Office of Secial Investigations - Intake Unit Harriman State Office Cambus
	No Albany NY 12216- 2050
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	□ No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	The Office of Special Investigations
	2. What did you claim in your grievance? The assult and False tickets.
	3. What was the result, if any? I don't Know, Officer is Under Willer Livestilation by them.
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	Their is no alleal on assuits but to relort them to
	The Office of Secial Investigations.

(Rev. 01	/21) Co	mplaint for	Violation of Civil Rights (Prisoner)
	F.	If you	ou did not file a grievance: If there are any reasons why you did not file a grievance, state them here:
		2.	If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
	G.	rem Low Bull (No	ase set forth any additional information that is relevant to the exhaustion of your administrative nedies. What the 40 to 50 inmates that Seen What hallen to and to Court. The Platoon that Graduated December 12th 2019. Day's. te: You may attach as exhibits to this complaint any documents related to the exhaustion of your ministrative remedies.)
VIII.	Prev	vious La	wsuits
	the f brou mali	filing fee ght an a cious, or	rikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, ction or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, r fails to state a claim upon which relief may be granted, unless the prisoner is under imminent rious physical injury." 28 U.S.C. § 1915(g).
	To t	he best c	of your knowledge, have you had a case dismissed based on this "three strikes rule"?
		Yes	
	V	No	

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

Transferred

A.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action. Yes No	
В.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there more than one lawsuit, describe the additional lawsuits on another page, using the same format.)	S
	1. Parties to the previous lawsuit Plaintiff(s) Looker	
	Defendant(s)	
	2. Court (if federal court, name the district; if state court, name the county and State) UNited States District Court Northen District of New York	
	3. Docket or index number 9:11-64-0196	
	4. Name of Judge assigned to your case Daniel J. Stewart	
	5. Approximate date of filing lawsuit 3-30-21	
	6. Is the case still pending?	
	Yes	
	No	
	If no, give the approximate date of disposition. Transferred to Profer Venue	-
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)	

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IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing: 7 - 7 Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	12-21 Jam Looler Sam Cooler 18-R-1900 Gouverneur Correctional Facility		
		GOUVERNEUT	NY	13642
		City	State	Zip Code
•	For Attorneys			
	Date of signing:			
	Signature of Attorney			
	Printed Name of Attorney			
	Bar Number			<u></u>
	Name of Law Firm		T	L. P. T.
	Address			
		City	State	Zip Code
	Telephone Number			
	E-mail Address			

Save As... Add Attachment Reset

